



Application No.: 09/359,265
Attorney Docket No.: 99-055

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Re Application of: WALKER et al.

Serial No.: 09/893,495

Filing Date: June 28, 2001

For: PATIENT CARE DELIVERY
SYSTEM

) Examiner: Michael Astorino
) Group Art Unit: 3736
) Attorney Docket No: 01-025
) Customer No.: 22927
) Notification of Fee Status Change
) Pursuant to 37 CFR § 1.27



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Assistant Commissioner for Patents
Washington, D.C. 20231

ASSERTION OF SMALL ENTITY STATUS

Dear Sir:

The assignee of the above-identified application claims small entity status. This notification is made pursuant to 37 CFR §1.27.

If the Examiner has any questions about this status change, the Examiner is invited to contact the undersigned at (203) 461-7292. While no fees are believed due in connection with this paper, please charge any fees that may be required for this paper, or with any other papers filed in connection with this application to Deposit Account No. 50-0271.

Respectfully submitted,

October 14, 2002
Date

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AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): JAY S. WALKER et al.

Docket No.

01-025

Serial No. 09/893,495

Filing Date
June 28, 2001Examiner
Michael AstorinoGroup Art Unit
3736Invention:
PATIENT CARE DELIVERY SYSTEMTO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

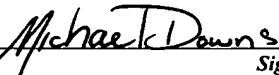
- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☒ A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	51 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	4 -	10 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0271
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.



Signature

Dated: October 15, 2002

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cc:

I certify that this document and fee is being deposited
October 15, 2002 with the U.S. Postal Service as
first class mail under 37 C.F.R. 1.8 and is addressed to the
Assistant Commissioner for Patents, Washington, D.C.
20231.


Signature of Person Mailing Correspondence

Veronika S. Leliever

Typed or Printed Name of Person Mailing Correspondence